-WRITE PLAINTY, WITH UNFADING INK-THIS IS A PERMANENT REMAINS should be carefully supplied. AGE should be stated EXACTLY.
-WRITE PLAINTY, WITH UNFADING INK-THIS IS A PI mation should be carefully supplied. AGE should be stated I CAUSE OF DEATH in plain terms, so that it may be properly
WRITE PLAILEY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be
WRITE PLAINCY, WITH UNFADING INK—TI mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may
-WRITE PLAIL Y, WITH UNFADING I mation should be carefully supplied. AGE
WRITE PLAINCY, WITH UNFAI mation should be carefully supplied.
WRITE PLAINCY, WITH mation should be carefully
WRITE PLAINTY, mation should be car
-WRITE PLAI
-WRITE PL
-WRIT

of certificate.

See instructions on back

very

TION is

CAUSE OF

V. S. No.

FATHER

MOTHER important.

9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.....

O. Date deceased last worked at this occupation (month and

14. BIRTHPLACE (city or town). (State or country)

16. BIRTHPLACE (city or town). (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town (State or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

13. NAME

OCCUPA

PHYSICIANS

STATE OF MARYLAND	CERTIFICATE OF DEATH 5354
1. PLACE OF DEATH	1152
County Trince ses:	Registration Dist. No. 243
Village or City Glenn Dale	No. St., Ward
Length of residence in city or town whare death occurred Lyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Sleven Pale and (Usual place of shode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cauric Canderson	22. A pick 30,1936 to May \$ 1936
6. DATE OF BIRTH (month, day, and year) Sept 2 -1858	I last saw ham alive on Muy 8, 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer	Moreta + Throat - 1 28/30

11. Total time (years)
spent in this

occupation\_

What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur? \_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, Manner of injury Neture of Injury 24. Was disease or injury in any way related to occupation of deceesed?\_ If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Allack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH should Village or City Jo PHYSICIANS Length of rasidence In city or town where death occurred statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word CTL classified. FOR BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WHE of PERMA × 鱼 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Days If LESS that stated 1 day,\_\_\_\_! or .... min. Trade, profession, or particular MARGIN RESERVED kind of work dona, as SPINNER, pe Jo SAWYER, BOOKKEEPER, etc. may back Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at 11. Total tima (yaars) spent in this on this occupation (month and AGE so that occupation ..... instructions 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER See 14. BIRTHPLACE (city or town). (Stata or country) carefully MOTHER 15. MAIDEN NAME Elsie important AUSE OF DEATH 16, BIRTHPLACE (city or town) \_\_\_ (State or country) ation should very 18. BURIAL, CREMATION, OR REMOVAL WRITE LON 19. UNOERTAKER (Address) Z Registrar.

	TERMITICATE OF BEATH 5355
3	Registration Dist. No. 249
\$	No. Defouse It glowar Ward
mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs. ds.
<u>L</u>	Henry .
2	later land
	If nonresident give city or town and State
_	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
1	may 27 1936
-	(Month) (Bay) (Year)
	22. HEREBY CERTIFY That I attended deceased from
	Hast saw he diva on was 29 136 death Is said
1	to have occurred on the date stated above, at 7:30 mg
Irs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Coronary Ocelu-1935
	Day teered of de
	Complemention
	Other Coutributory Causes of importanca:
	Name of operation
_	What test confirmed diagnose? Was there in au'opsy?
	23. If daath was dua to external causes (Viel ENCE) fill in also the following:  Accident, suicide, or homicide?
	Where did injury occur?
	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
2	Manner of injury
	Natura of injury
	24. Was disease or injury in any way related to occupation of dacaased?
	(Signed) Theodore Turkenemen
	(Address) 8/2-447, E. D. C.

W. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related car of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 5 19	July 5,1927	Peritonitis	3 days ago
BUREAU V	S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			
			<u> </u>

V. S. No. 1 N. B.

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5356
County Prince George	Registration Dist. No. 245
11 +111 1 1 10	
Village or City West (1 14 ellen 12	No. Oduston Shaful Jord St., Ward f death occurred in a hospital or institution, give it NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME David Lawrence Barrell	
(a) Residence: No. Queen flefel Wood	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white widowed	Marf 2 (Oay) 193 (Year)
5a. If married, widowed or divorced HUSBAND or (or) WIFE of Standard Or Constitution of Consti	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Herbrude James	May 15 19 36 to May 28 19 36
6. DATE OF BIRTH (month, day, and year) Oct. 4. 1867	I last say I saw alive on May 27 1 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6-10m.
5-8 7 24 1 day,hrs.	the follows of believe
8. Trade, profession, or particular kind of work done, as SPINNER Hawner SAWYER, BOOKKEEPER, etc.	Consumy thrombous May 1
✓ 1 mg. Industry or business in which	· · · · · · · · · · · · · · · · · · ·
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Washington	asteris achlerous -
1 (1) 1 + (3) (1+4)	- conder samular runal disease 5 yr
13. NAME Cober Server  14. BIRTHPLACE (city or town)	Van a
4. BIRTHPLACE (city or town)	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (ofty of town)	Accident, suicide, or homicide?Oate of Injury
man man O Sugar	(Specify city or town, county and State)
17. INFORMANT (Address) 36 New York Vene new, Work N	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wash . Wlo. Oate May 28, 1936	Nature of injury
19. UNDERTAKER Francis Collins	24. Was disease or injury way related to occupation of deceased?
(Address) 3619-14th- I. m. Weste 106,	If so, specify
20. FILED May of 1926 Jas Severy	(Signed) Man Mattengles
Registrar.	(Address) A GUR NY Wash W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	I week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis ,	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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rtant. See instructions on back of certificate.

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V. S. No. 1 N. B.—

ld state

STATE OF MARYLAND	CERTIFICATE OF DEATH 535
1. PLACE OF DEATH	- Bi
County Trince Leary	Registration Dist. No. 230
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Clara Isabella Bean	/ If U. S. Veteran, specify WAR
(a) Residence: No. 365 Washington Block. (Usual place of abode) Benn	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)  Tenu while married	21. DATE OF DEATH  (Month) (Oay) (Yaar)
5a. If married, widowed, or divorced	
(or) WIFE of albert T. Bean	22.   HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) July 20 1869	I last saw h. e. L. aliva on May 18
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 8 2 Pm.
66 9 28 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8. Trade, profession, or particular	Chronic Interstitual
kind of work done, as SPINNER, Housework	> replisitio unlinger
kind of work done, as SPINNER, Housewary  SAWYER, BODKKEEPER, atc  9. Industry or businass in which  work was dona, as SILK MILL,  SAW MILL, BANK, etc  10. Connection of the state o	general arterio Sclerosis unhum
SAW MILL, BANK, etc	Cerebral Hemarkage 5/00/36
this occupation (month and year) - Hearth 1436 spant in this year)	Curth left Paralysis of body)
12. BIRTHPLACE (city or town) Cherler	Other Contributory Causes of importance:
(Stata or country) Penna	
13. NAME Jacob B. Righter	,
13. NAME Jacob B. Righter  14. BIRTHPLACE (city or town) Wilmington	Nama of operation
(State or country)	What test confirmed diagnosis? 1 - Blood exam. Was there an autopsy? " O
15. MAIDEN NAME Belah Swith ME Selvaine  16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIDLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) New gersey.	Whera did injury occur?
17. INFORMANT albert T Bear (Address) Bearings Dt. 4#1	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, OREMATION, OR REMOVAL	Manner of Injury
Place Was Lunglow Date 1/8/36,19	Nature of injury
19. UNOERTAKER L. M. Chambers lo	24. Was disaase or injury In any way related to occupation of deceased?
(Address) 5/7-//th 11 06.0, 1	If so, spacify
20. FILEO 74-8 , 19.3 6 Mus D Guffille	(Signed) Faul Clar Valla M.O. (Addrass) Beassway D. G. H. H.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S.No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		10	Example II	
The principal cause of death and rof importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	T PHAT	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 98	670	rdy 5 1927	Peritonitis	3 days ago
TH.	, Alm	1		
Other contributory causes of impor	rtance:	1	Other contributory causes of importance:	
Gallstones	All to the	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(52)
County Trince George	Registration Dist. No. 2434
Village or City accookeels (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME JAMES THOMAS BOSWE	If U.S. Veteran specify WAR.
(a) Residence: No. Accookeely Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH  (Moort)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBANO of (OT) MIES of Martina Boswell	22. IMEREBY ZERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Dec. 17, 1873	1 last saw elive on May 8, 19 36; deeth Is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stated above, at.
(2 4 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were estoplows:
8. Trade, profession, or particular	Cerebal Humonhage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Chrimia.
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	multiple Tihomata.
Date deceased last worked at 11. Total time (years)	mustiple malignant fibramatal.
this occupation (month and spant in this occupation	man force and heads Cuffell.
	Other Contributory Causes of importance: Levention: several grass.
12. BIRTHPLACE (city or town)  (State or country)  Maryland	
13 NAME Thomas Edward Bowell	
14. BIRTHPLACE (city or town)  15. NAME  16. BIRTHPLACE (city or town)  17. State or country)	Name of operation Date of
4. BIRTHPLACE (city or town)  (Stata or country)  Maryland	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Mary Elizabeth Williams	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Unhnown	Where did injury occur?
17. INFORMANT Mr. Thomas 2. Boswell (Address) 628 - C-St NE, Hospinston, DR.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 RURIAL CREMATION-OR-REMOVAL-	Manner of injury
Place Comonkey Md Oate May 5 , 19 36.	Nature of injury
19. UNDERTAKER H. M. Chambers Co. (Address) 717-11 & H. S.H. West P. C.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO May 3 , 1936 Mrs alton Day	(Signed) C. Bickriell M. D.  (Address) Washing M. D.
Registrar.  If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
-, more vienes, and its and its of the McGinitary	The state of the s

CTATE OF MADVI AND

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis  Chronic interstitial nephratis CFIVE 1921 Run over by 1921 Run over by 1921 Peritonitis  Cerebral hemorrhage July 5, 1927 Peritonitis	pal cause of death and related causes Date of onset nce were as follows:
Chronic interstitial nephritis C 1921 Run over by Cerebral hemorrhage July 5,1927 Peritonitis	
Cerebral hemorrhage July 5,1927 Peritonitis	rilepsy 1 week ago
3111 5 1936	street car 1 week ago
	3 days ago
REDEATING I	
Other contributory causes of importance: S. Other cont	ributory causes of importance:
Gallstones May 1,1923 Gastroenter	tis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU Y. S			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PLA

V. S. No. 1

item of infor-	should state	of OCCUPA-	
T RECORD. Every	Y. PHYSICIANS	Exact statement	
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
HIS	pe	pe 1	of c
-WRITE PLAK, Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE O	OF MA	RYLAND-	-CERTIFIC	ATE	OF	DEATH
O 1 / 1 / L	O 1 1111 F		OFILITIO		<b>U</b> 1	

-	5)	13	1	v
- 0	3	11	f.	

1. PLACE OF DEATH	(46-B) X
County Prince George	Registration Dist. No. 257
	No. St., Ward  (Il death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Johanno Pusse	If U. S. Veteran, specify WAR
(a) Residence: No. Nego Locar el. No. (Usual place of abode)	St., Ward.  If nonresident give city or towo and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (genic the word)	21. DATE OF DEATH Mely 20 ,193 6 (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced  HUSBANO of (or) WIFE-of	22. I HEREBY CERTIFY. Thet I ettended decassed from  Nay 12, 1936, to may 20, 1936
6. DATE OF BIRTH (month, day, and year) Oct 17, 1899	I last saw h alive on 193 6; death is said
7. AGE Years Months Days if LESS than 1 dey,hrs ormin.	to have occurred on the deta stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH end reletad ceusas of Importence ware as follows:
8. Trada, profession, or perticular kind of work done, as SPINNER, House Heeper, SAWYER, BOOKKEPER, etc 9. industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc 10. Oeta deceasad lest worked et , // 11. Total time (years)	Carcinna Ogini
12. BIRTHPLACE (city or town) Brehme, Germany  (Stata or country)	Other Contributory Canses of Importence:
13. NAME Karl Busse	
13. NAME Barl Busse  14. BIRTHPLACE (city or town) Brehme, Germany (State or country)	Neme of oparetion Dete of  Whet test confirmed dlagnosis? Was there en autopsy?
15. MAIOEN NAME Marie Trath mann  16. BIRTHPLACE (city or town) Breheme, Germany  (Stete or country)  17. INFORMANT Marie Busse  (Address) Laurel, Mes	23. If deeth was dua to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PICCOLVY HILL LAURCH MS Octo Way . 22 2, 1956	Menner of Injury
19. UNDERTAKER ASTUTT & rushdard	24. Wes disasse or injury in any way reletad to occupetion of decaesed?  If so, specify
20. FILED May 22, 1936 M. Drashere Registrat.	(Signed) M. D.  (Address)

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis 1111 6 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

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V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
BUDELLVE			-
Other contributory causes of importance:		Other contributory causes of importance:	Hand E
Gallstones	May 1,1923	Gastroenteritis	1 year

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NT RE	LY.	d. Exa	
MANE	LACT	lassified	
A PER	ed E	perly c	ficate.
SI SI	e stat	e prof	f certi
K-TH	q plnou	may b	back o
NG INI	AGE sl	that it	ous on
FADIL	ed.	8, 50	ructi
	Ë	E	St
CH UN	y supplie	ain term	See inst
Y, WITH UN	arefully supplie	H in plain term	rtant. See inst
A.Y. WITH UN	ld be carefully supplie	DEATH in plain term	y important. See inst
-WRITE PLAN, Y, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item'of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

N. B.

V. S. No. 1

19. UNDERTAKER

(Address)

Length of residence in city or town where death occurred	No. P. Segistration Dist. No. 235  Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U. S. if of foreign birth? yrs. mos. ds.  If U. S. Veteran, specify WAR  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED ("grice the word)  OR DIVORCED ("grice the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Oeys  If LESS than  1 day,hrs.	22. LHEREBY GERTIFY, Thet I attended deceased from 19.30 tq. 19.30
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Nall Elect. Sulfic Co. SAW MILL, BANK, etc.  11. Total tima (years) spent in this occupetion (month end 1934 occupetion)	were as follows:  Adens Cascinoma 5 mile Sule Meulas region ogs
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)	Other Contributory Canses of importance:  Malastellie Carconina 3 mile  Carconina ago:  Name of operation accessing fluman masses of Set 1936  Whet test confirmed diagnosis? Along we shere en autopsy? Na
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  Ref. Century  18. Walk or Country)	23. If deeth was due to extarnel causas (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Neture of injury.

(Signed)

(Addrass)

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	Example I	-18 h	Example II	
The principal cause of importance were as	f death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	111N 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
		3		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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THE JULY DIVINE THE TANK THE
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5363
County Prince Georges	Registration Dist. No. 232
Village or City Browns station	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Charles to hafon	Lan J
(a) Residence: No. Brown Sta / hrs	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH
male trong, married	(Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of	
(or) WIFE of blemen mer bhapma	22. I HEREBY CERTIFY, That * attended deceased from
DATE OF BIRTH (month day and week)	Light saw h elive on 10
DATE OF BIRTH (month, day, and year)  AGE Years Months Devs If LESS than	I last sew h; death is said to have occurred on the date stated above, at,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were es follows: Data of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	all the state of t
9. Industry or business In which	- Comming read But
work was done, es SILK MILL, SAW MILL, BANK, etc.	discuss and anchoris 10 2
70. Date deceased last worked at 11 Total time (years)	Jarrey 7
this occupation (month end 1930 spent in this 20	700
BIRTHPLACE (city or town) Brown Star	Other Contributory Causes of Importance:
(State or country)	
13. NAME Stelehen Chahman	
14. BIRTHPLACE (city of town)  (State or country)	Neme of operation Date of
15. MAIDEN NAME Maria Penn	What tost confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
INFORMANT b termentines chapman	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Brown Stor Ing.	
BURIAL, CREMATION, OR REMOVAL OF THE COLOR O	Manner of injury
Place William S., 1936	Nature of injury
UNDERTAKER Blazence, Fromacie	24. Wes disease or injury in any way related to occupation of deceased?
(Address) MIT challes (Md	If so, specify Oscar & Prove 2 P. Gate Par
1 31 A C. MA 19119	(Signed) 3M Bracks - MI
FILED May 1, 180 6 (Gull	
Registrar.	(Address)

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Chronic interstitial nephritis JUN 5 193	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE OF DEATH	159 × 222
County Style OVGE	Registration Dist. No. 23
Village or City room	NoSt.,War
Length of residence in fity or town where death occurredyrs.	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Lames deor	rand Antituted of the WAR
(a) Residence: No.	St., Ward.
(Usual place of abode	a contract of
PERSONAL AND STATISTICAL PARTICULA  3. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIED, W	
male white	
Se. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased
may 15 11	7.36
6. DATE OF BIRTH (month, day, and yeer)	LESS than to heve occurred on the date stated above, et 3 Am.
2 1 day	7,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	min. were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	D X n'\/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Tremalure Birth
10. Date deceased lest worked at this occupation (month and year)	ors)
( ) room!	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	,
13. NAME Orby a ouder	9,,
13. NAME ORONG OUTCOME  14. BIRTHPLACE (city or town) White Dulpher	Derungsame of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME OBlanche BW	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME OS lanche Bu.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) West Va	Where did Injury occur?
17. INFORMANT Orby Solutly (Address)	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMITION, OR REMOVAL	Menner of injury
Place Proom Date May/	Nature of injury
19. UNDERTAKER Orby Dowdy	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 18, 1936 Ernest W. De	rner (Signed) Graff Registration M.
,	Registrar. (Address) Ocally agistrar

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   FUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.-WRITE

V. S. No. 1

certificate.

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5365
1. PLACE OF DEATH	107-0
County ruce seorge	Registration Dist. No. 2 31
Village or City Joseland	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME: S alomon Helri	9 M If U.S. Veteran specify WAR.
(a) Residence: No. Jacks and (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  May. 15., 1936, to May. 3 (, 1935)
6. DATE OF BIRTH (month, day, and year) 1863-Unknown	I last saw Herevalive on May 31, 19. 2 4 death is said
7. AGE 7 Years Months Days If LESS than	to have occurred on the date stated above, at 2.00 P.m.
43 ? ?   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	Broucho Yneumenia 5-25-20
SAW MILL, BANK, etc	
this occupation (month and year) spant in this year	
12. BIRTHPLACE (city or town). Mortlaoney CO.	Other Contributory Causes of Importance:
(State or country)	Exposure 5-23-34
13. NAME unlesses	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
1 (State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Welleam Gross (Address) Label and Gross	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PROPERTY Date! June 4, 1936	Manner of Injury
19. UNDERTAKER & Saching Sous (Address) 2 Fy activille Ind	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Jame 4, 19 36 Helee Flack Registrar.	(Signed) Harrison C. Belcley M. D.  (Address) 4 arringut Haights me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cau of importance were as follows:	and I have	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HEEAU	3.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state

classified.

properly

floN is very important. See instructions on back of certificate.

AUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA-

N. B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5366	
0	(53.4) X	
	Registration Dist. No.	
Village or City MT Rainiles (If	NoSt.,Wa death occurred in a hospital or institution, give its NAME instead of street and number)	rd
Length of residence in city or town where dauth occurradyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Sabelle Howard	If U. S. Veteran, specify WAR	
(a) Residence: No. 3600-3/ (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Day)  (Year)	
5a. If married, widowed, or divorcad HUSBAND of		_
(or) WIFE of Trone	22. I HEREBY CERTIFY, That I attended deceased from 2 9 1934 to Truey 2 2 193	om
6. DATE OF BIRTH (month, day, and year) aug. 24 1863	I last saw h. e. alive on 2 may 18 , 193 G; death is si	bic
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at	
72 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc		-1
A. Irade, professing, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL,	Carecrom of left under	- May
work wes done, as SILK MILL, SAW MILL, BANK, atc	Marily	
10. Date deceased lest worked et this occupation (month and year)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
(State or country) Mid	melistasis - unlan	
13. NAME Learge I toward		2200
13. NAME Levry Doward  14. BIRTHPLACE (city or town)	Name of operation regulation Deta of about !	£4.
(State of Country)	What test confirmed diagnosis? Operation Was there en eutopsy? !!	0
15. MAIDEN NAME Mary & Zowsin  16. BIRTHPLACE (city or town)  (State or country)	23. If daeth was due to external causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town).  (State or country)	Accidant, suicide, or homicide?	
an 1 ! PP: H	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) 3 600 - 2/12 mt Palieries A	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Revendade me	Menner of Injury	
Nike 918 200 Date 5/22 1900	Nature of injury	
19. UNDERTAKER TV. N. Chambers P.	24. Was disease or injury in any way related to occupation of deceased? 100	
(Address) Riverdale, And.	If so, specify	
20. FILED Ly 22 136 / Jan hally More	(Signed) GMarjon Bankhead M.	. D.
Registrar	(Addrage) July symmy had -	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	CEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ner	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	11M 5 180	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	duses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No.

1.

2.

19. UNDERTAKER

STATE OF MARYLAND	CERTIFICATE OF DEATH 5368
PLACE OF DEATH	
County France George	Registration Dist. No.
Village or City Kenilavosth	NoSt.,Wa
Length of residence In city or town where death occurred yrs. mos.  FULL NAME Edward Arrivation one  (a) Residence: No. 4940 - Eastern one  (Usual place of abode)	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosd If U.S. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
merried, widowed, or divorced IUSBAND of Or) WIFE of Plannie 7. Hurd	22. I HEREBY CERTIFY. That I ettended deceased from 1,1936, to may 2, 193
TE OF BIRTH (month, dey, and year) man, 13, 1867	last saw h alive on

3. SEX 5e. If 6. DA 7. AGE Years Months Days If LESS than 1 day, \_\_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or ..... min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc., 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years)
spent in this Date deceased last worked at this occupation (month and occupation \_\_\_ 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury.

Registrar. (Address) La P L Www. Ch. 1. 1 M ore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Wash.

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 5	July 5,1927	Peritonitis	3 days ago	
BUREAU V.	ã. <u></u>			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

of infor-

STATE OF	MARYL	AND-CI	ERTIFICAT	E OF	DEATH	536.
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1. PLACE OF DEATH	130	15
County ormer Llorge	Registration Dist. No.	13
Village or City by acceptle and	No. 4 M Welle one St.	War
//	death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city of town where death occurred 4.3 yrsmgs.	gs. How long in U.S. If of foreign birth?yrsmo	S0
2. FULL NAME William Walter Malon	If U.S. Veteran apecify WAR.	*********
(a) Residence: No. 4. 11. Hell are Shattainly	St Ward.	
(Usual place of a lode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	May 25	193.6
Male White Married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended	deceased fro
(or) WIFE of Mary Catherine Maloney	July 10 1934 10 Way 24	10 34
al 175 Aug		
5. DATE OF BfRTff (month, day, end year)	0 3 P	, ueath is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
72   18   10ay,mis.	were as follows:	Date of one
8 Trade, profession, or particular		
kind of work done, as SPINNER, Got Orinting Office	Chronic leyocondits with	July
9. Industry or husiness in which work was done, as SILK MILL,	Tuy occided elequeration	
SAW MILL, BANK, etc		
Date deceased last worked at this occupation (month and spant in this		
year) occupation occupation		
12. BERTHPLACE (city or town) Dist of Columbia	Other Contributary Causes of Importance:	
(State or country)	Comment Soleman	
x 12 mars Of illing the lair mid-	Co. mid T. f D. i+	
14. BIRTHPLACE (city or town) Flas;	consuit a frantis	
14. BIRTHPLACE (city or town)	Neme of operation Date of	
(State of country)	What test confirmed diegnosis? Wes there en a	ulopsy?
15. MAIDEN NAME Mary: L. IEEL	23, If death wes due to external causes (VIOLENCE) fill in elso the following	:
15. MAIDEN NAME Mary: L. IEEL  16. BIRTHPLACE (city or town) A GLAST Columbia	Accident, suicide, or homicide? Date of Injury	19
(State or country) Wist & Columbia	Where did injury occur?	
Man att malwar	(Specify city or town, county and State	
17. INFORMANT Mary Calherine machine	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	NUE.
(Address) Soyattaville ma		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Itash ho C. Date // 1904	Nature of injury	
19. UNDERTAKER OF Darches Johns	24. Was disease or injury ip any way related to occupation of deceased?	
(Address) Afrails wille mad	If so, specify	
The Color of the C	(Signed) O. ORIT	M.
20. FILED May 2 5 19 36 mm tas were		
Registrar.	(Address) The attack to war	

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitia AVIII	3 days ago		
	9861 62 1999			
May 1,1923	Other contributory causes of importance:	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street cor July 5, 1927 Perilonitic OVER 188		

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 5370
1. PLACE OF DEATH	90 20
County Prime Laorges.	Registration Dist. No. 245
Village or City Isy allowille	No Tenelusah Danutarium St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John me abee	, , - X -
(a) Residence: No. Jaixheraburg my	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Travel	21. DATE OF DEATH May 2 193 (Month) (Oay) (Year)
5a. If merried, widowed, or divorced HUSBAND of Husband of Husband of Helen S. Mcahee	22.   I HEREBY CERTIFY, That I attended deceased from
	Upr 30 ,1936, to may 2 ,1936
6. DATE OF BIRTH (month, day, and year) 1803-001	I last/saw ham alive on May 162 , 1936; death is seld
7. AGE 83 Years Months Oays If LESS than 1 dayhrs.	to have occurred on the date stated above, at6.: Pm.
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Inanction
Industry or business in which	Patient in Coma on
work was done, as SILK MILL, SAW MILL, BANK, etc	admina Lon
10. Date deceased last worked at this occupation (month and year)	
1 1 md	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	arteris - Scheroses
13. NAME Pellei McChec	College - October - Octobe
Tax Tax	
(State or country)	Neme of operation
15. MAIDEN NAME / ASTICLE DOWNELL	What test confirmed diagnosis? Was there an autopsy?
7 2 7	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) MDM State or country)	Accident, suicide, or homicide?
17. INFORMANT ROLLINGS ME STATE	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) of allusbuy my	
Place Development of 19 36	Menner of injury
BUNDA	Nature of injury
19. UNDERTAKER (Address) Authors but 201	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Day 2", 1936 Mrs. Jas. Deve	(Signed) Maykard Jammong. M. D.  (Address) Koyalfonile md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows:-Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5371
1. PLACE OF DEATH	(3°a) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
County Gr. Dero Co.	Registration Dist. No.
Village or City Woodmore	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
A	ds. How long in U.S. if of foralgn birth?yrsds.
2. FULL NAME JOEanna IIICA	enzielf U. S. Veteran, specify WAR
(a) Residence: No. Woodware (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 16 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(a) Wife of James Odie Mc Kenne	22. HEREBY CERTIFY. That i attended decaased from
0.0 111 1984	not allused to sun to death
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	l last saw h alive on
5.5 10 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were es follows: Date of onset
8 kind of work done, as SPINNER, Housewele	14 3/1/2 3/1/2
2. Industry or business in which	John Hux caralles ales
SAW MILL, BANK, etc.	DAO MARCHA
Date deceased last worked et this occupation (month and spant in this span in the span in this span in the spa	
year) Yday 1436 occupation 24	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town)	;
(State or country)	a cute Caraine
13. NAME SCON AND SQUELLE 14. BIRTHPLACE (city or town)	do combensation
14. BIRTHPLACE (city or town) Maruland	Name of operation Date of
	What test confirmed diagnosis?
E .	23. if death was due to axternat ceusas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury
Oa A MAD.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) MA OF OF THE MAN (N. J. (O	Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury with a barmon
Place Upper (Marlo Date Mory 19., 19.36	Natura of injury was marken
19. UNDERTAKER Polarence Foregue	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER 16 XOVERN TO TRANSPORT	If so, specify /
on sixes 18 13 ( Dew That )	(Signad) William M.D.
20. FIDE A Registrar.	(Address) Och / Benning Sta D.C.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 2 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

n of infor-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 5379
1. PLACE OF DEATH		107-0
County Vinney 20	uzag )	Registration Dist. No. 246
Village or City know own	ies and	Not of alley St. Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number)  ds./ How long in U.S. it of foreign birth?
12000	Ilel	Ce Kulchell
2. FULL NAME 7 2009	Taller,	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 20 193 6
5a. If marriad, widowed, or divorced	-	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of		22. A I HEREBY CERTIFY. Thet I attended deceased from
Sia G	-7-1936	i lest saw h alive on from the 31 19 % death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	Days   If LESS than	i lest saw h
	/3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	wera as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL	ar.	Proneto fineurana 197
SAW MILL, BANK, etc		
Date deceased last worked at this occupation (month and year)	11. Total tima (yaars) spent in this occupation	
12. BIRTHPLACE (city or town) Mary	Lund	Other Contributory Canses of Importance:
(State or country)		Auto Presenting 34
I 13. NAME Harvey Mu	clebell	
13. NAME  14. BIRTHPLACE (city or town)	a	Name of operation Dete of
(State of country)	11 07	What test confirmed diagnosis? Was there an autopsy? And
15. MAIDEN NAME THE STATE OF TH	. Human	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town)	4	Accident, suicide, or homicide? Date of injury, 19
(State or country)	, lotite	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	in by	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Bla	dens burging	Mannar of injury
Plece May 2 2 De	ita	Nature of injury
19. UNDERTAKER L. S.	loss	24. Was disease or injury in any way related to occupation of deceased?
(Addrass)	usbyrg ?	If so, spacify
20. FILEby 19 36 The	y holy and	(Signed) M. D.
The state of the s	Registrar.	(Address) frut_U and my

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Chronic interstitial nephritis IIIN 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.		•		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
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STATE	OF MA	RYLAND—CERTIFICATE OF DEATH	
EATH	1		

2. FULL NAME  (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OF DIVORCED (was the word)  5e. If married, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaer)  7. AGE  Yaars  Months  Days  If LESS than  Mos.  Medical  St., Ward.  Variable	Registration Dist. No.240
Village or City  No.  (If death occurred in a horpital or in Length of residence in city or town where death occurred  yrs.  mos.  ds. How long in U.S.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (supple the word)  5. If merriad, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work work was done, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation (right) and year)  Spent in this occupation (right) and year)  Other Centributery Causes of Caused decays and the contributery Causes of Caused decays and the contribute	Registration Dist No. 240
Length of residance in city or town where death occurred yrs. mos. ds. How long in U.S.  2. FULL NAME  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED ("arrive tha word)  5e. If marriad, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaer)  7. AGE  Yaars  Months  Days  If LESS than I day, hrs. or min.  8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work kas dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation (refer the and yaar)  Other Centributery Causes of Caused Control of Caused Contr	
Length of residance in city or town where daath occurred  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (wind the word)  55. If marriad, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaer)  7. AGE  Yaars  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation from the and yaar)  Other Ceatributery Causes of Caused Company of Caused Caused Company of Caused	St Warr
2. FULL NAME  (a) Residence: No  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wind this word)  5e. If merriad, widowad, or divorced HUSBAND of (or) WIFE o	nstitution, give its NAME instead of street and number)
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)  5e. If married, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaer)  7. AGE  Yaars  Months  Days  If LESS than 1 day, hrs. or min.  8. Trada, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc.  11. Total time (yaers) spant in this occupation (fight) and yaar)  Othar Ceatributery Causes of Caused Company of Caused	/
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with word)  5e. If marriad, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaer)  7. AGE  Yaars  Months  Days  If LESS than I day, hrs. or min.  8. Trada, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER. SAW MILL, BANK, etc.  11. Total time (yaers) spant in this opcupation (right) and yaar)  Othar Centributery Causes of Caused Columns (city or town)	1
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with a word)  5e. If marriad, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaer)  7. AGE  Yaars  Months  Days  If LESS than I day, hrs. or min.  8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (yaers) spent in this occupation (fronth and yaar)  Othar Centributery Causes of Caused Columns  Caused Columns  Caused Columns  Othar Causes of Caused Columns  Caused Co	If nonresident give city or town and State
OR DIVORCED (was the word)  5e. If marriad, widowad, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaer)  7. AGE  Yaars  Months  Days  If LESS than I day, hrs. or min.  8. Trada, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SANK, etc.  11. Total time (yaers) spant in this operation (right) and yaar)  Othar Centributory Causes of Caused College (city or town)	CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaer)  7. AGE  Yaars  Months  Days  If LESS than 1 day, hrs. or min.  8. Trada, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation regent and year)  12. BIRTHPLACE (city or town)  22.  I HERE  1 last saw h elive on to have occurred on the date The PRINCIPAL CAUSE OF I ware as follows:  11. Total time (yaers) spent in this ogcupation.  Othar Centributory Causes of	(Month) (Day) (Year)
AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trada, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (month) and year)  11. Total time (years) spent in this occupation (month) and year of the contributory Causes of the	BY CERTIFY, That I attended daceased from
AGE Yaars Months Days If LESS than I day, hrs. or min.  8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation (Fanth and yaar)  11. Total time (yaers) spant in this occupation.  Other Contributory Causes of Caused Contributory Caused Contributo	, 19, to, 19
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (yaers) spant in this yaar)  12. BIRTHPLACE (city or town)  13. Total time (yaers) spant in this yaar)  Othar Contributory Causes of Caused Columns (Sand Columns)	; death is sai
8. Trada, profession, or perticular kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (north and year)  11. Total time (years) spent in this occupation.  Other Contributory Causes of Caused Contributory Ca	DEATH and ralated ceusas of Importance
sind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last worked at this occupation (nonth and year)  11. Total time (years) spant in this occupation Other Contributory Causes of Caused Co	Data of ones
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date daceasad last worked at this occupation (ports and year)  11. Total time (years) spent in this year)  Other Coutributory Causes of Caused Courses	
SAW MILL, BANK, etc  10. Date daceasad last worked at this occupation (nonth and year)  2. BIRTHPLACE (city or town)  11. Total time (years) spant in this occupation  Other Contributory Causes of Caused Contributory Caused Contributo	n segi ann
this occupation (fronth and 1926 spant in this occupation Other Contributory Causes of Caused Contributory	110
2. BIRTHPLACE (city or town) Shahles Loy 575 . Other Contributory Causes of	Nomenda.
2. BIRTHPLACE (city or town) I Plant Con 775 Caused Co	
	0 00 0
13. NAME JAMEN TICKER OF THE NAME OF OPERATION	
14. BIRTHPLACE (city or town) (State or country) Name of operation	Data of
What tast confirmed diagnosis	? Was thara an autopsy?
15. MAIDEN NAME 1111 1111 23. If daeth was due to extarna	I causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME  23. If daeth was due to extarna  16. BIRTHPLACE city or town fast list to fast list list list list list list list li	? Thamicide. Date of Injury
(State or country) Where did injury occur?	
7. INFORMANT JULIAN Specify whether injury occurred (Address)	(Specify city or town, county and State) and in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL A Manner of Injury	
Place Walduf Med Date May 25-, 1936 Natura of injury	
	ny way related to occupation of dacaesed?
0. FILED May 25, 1936. Miss of Joseph Con (Signed) Of CANDERS OF MANY OF THE MANY OF THE STREET, CANDESS LIVE REGISTRAY, 2411 N. Charles Street, Baltimore,	et Joylor oct com

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To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

	xample 1	1	Example 11		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1516511	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	191	July 5, 1927	Peritonitis	3 days ago	
	I I MEAU V.	S.			
Other contributory causes	of-importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	CERTIFICATE OF DEATH
EATH	
Hystaville, Md.	Registration Dist. No. 245
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
arthur S. Regge	If U.S. Yeteran specify WAR
0. Sty Hosses Prive (Usual place of abode)	St., Ward.  If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE    5. SINGLE, MARRIED, WIDOWED, OR, DIYORCED (write the word)	21. DATE OF DEATH  May (Month) 29 (Dey) (Yeer)
ttil Hitaffer	22. I HEREBY CERTIFY. Thet i ettended deceased from Many 29, 19.36, to Many 29, 19.56.
day, and yeer) and 7, 1852	i last saw h. Ann alive on They 29 13/6; death is said
Months Days If LESS than 1 day,hrs. ormin,	to have occurred on the date steted above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
or particular one, as SPINNER, Settered KKEEPER, etc.	- Carcinome 11 Sal Hadd
ss in which as SILK MILL, Earpenter	" line o
worked at (month and spant in this occupation	Quit Carried Wilitation They 4.
wn) Jenna	Other Contributory Canses of importance:
s. D. Reese	
or town)	Name of operation
a croline Strong	
or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Ella V. Hosson	Where did injury occur?
of REMOVAL Mas 21, 1936.	Menner of injury
N. Chambers &.	24. Was disease or injury in any way related to occupation of deceased?
9, 1936 Mp Jago Devere	(Signed) Martin Marie M. D. (Address) Property Marie M. D.
If more blanks or reeded, address State Registrar,	

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Chronic interstitial nephrita	is		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 5	TORRE	July 5,1927	Peritonitis	3 days ago
	BUREAU	V. S			
Other contributory caus	es of importance			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 jur
		10			
					1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	V.
	- LL.

should state OCCUPA-

County\_\_\_

Village or City

(a) Residence: No.

Length of residence in city or town where death occurred.

PERSONAL AND STATISTICAL PARTICULARS

ED, ord) 21. DATE OF DEATH (Month) (Day) (Yeer)
(Nonth) (Day) (Yeer)  22. I HEREBY CERTIFY. Thet I attended deceesed from March 25 19 6 19 26
I lest saw h Ame alive on March 25, 1936; deeth is satisfied to have occurred on the dete stated above, at
Other Centributery Causes of importence:  Esthustion (gen
Name of operation
23. If death wes due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
1

(Usual place of abode)

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

MEDICAL CERTIFICATE OF DEATH

How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds.

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Cerebral hemorrhage ! UNINFALL V. S.	July 5,1927	Peritonitis	3 days ago
And the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County.    County   C	5 I A I E OF MARYLAND—	CERTIFICATE OF DEATH 5377
Village or City Landbar M. (If death occurred in a horpish or institution, give its NAME instead of street and number)  Langth of residence in city or lown where death occurred. M. 15. Move long in U.S. It of foreign birth? yes moss.  2. FULL NAME		Registration Dist No. 242
2. FULL NAME  (a) Residence: No. / 2 cm Resi	Village or City Landoner md	NoSt.,Ward
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  Wall  4. COLOR OR RACE  OR DIVORCED (write the word)  5. If married, widowed, or divorced  HUSBAND or (or) wife of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,	2. FULL NAME Pring Schenicks (a) Residence: No/2001 Residence St 7 & 12	If U.S. Veteran specify WAR.
Male White of Single Worked widowed, or divorced HUSSAND (Day)  5a. If married, widowed, or divorced HUSSAND (Day)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,		MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of (or) WI	Male white OR DIVORCED (write the word)	May 6 , 193.6
Tage Vears Months Days If LESS than I day	HUSBAND of	this is a second of the second
The PRINCIPAL CAUSE OF DEATH a related causes of importance were as tollows:  Trade, profession, or particular kind of work done, as SPINNER, sawYER, BOOKKEPPER, etc.  SAWYER, BOOKKEPPER, etc.  July Saw MILL, BANK, etc.  July Saw Mill, B		
SAYER, BOOKKEPER, etc.   S. Neary Hank   D.C.	22 3 3 1 day,hrs.	
SAW MILL, BANK, etc.  D. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, GREMATIOM, OR REMOVAL  (Address) / 2 OR Removal  Manuel (State or country)  Manuel (State or country)  Manuel (Specify city or town, country and States)  Manuel (Specify city or town, country and States)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of injury  Manner of injury	kind of work done, as SPINNER, U.S. Many Hurd 10C.	all accept and a feel
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address) / 2 Or Removal  18. BURIAL, CREMATION, OR REMOVAL  19. Other Coatributes Causes of Importance  What test confirmed diagnosis?  Was there an autopsy?  Accident, suicide, or homicide All Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (Specify city or town, country and States or Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (Specify city or town, country and States or Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (Specify city or town, country and States or Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (Specify city or town, country and States or Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (Specify city or town, country and States or Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (VIOLENCE) fit in also the following:  Accident, suicide, or homicide All Causes (VIOLENCE) fit in also the following:  Accident, suicide, o	SAW MILL, BANK, etc	Ty.
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury  Mann		Other Carbitates Course of Importance
What test confirmed diagnosis?  What test confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Slate or country)  Totan  What test confirmed diagnosis?  Was there an autopsy?  23. if death was due to external causes (VJOL FINCE) thi in also the following:  Accident, suicide, or homicide All and Date of Injury  Where did injury occur?  (Specify city or town, country and State of Company of the Comp	(State or country)	Traffice Ofail
What test confirmed diagnosis?  Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  The standard of the	13. NAME Holf: Schemels	
16. BIRTHPLACE (city or town)  (Slale or country)  The stand of Injury occur?  (Specify city or town, county and Small of Country of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury	(State of country)	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury Multipulation (C.C.)  Manner of injury Multipulation (C.C.)	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide all dut Date of Injury 3
Male: 60C1 May 1 -123/	17. INFORMANT I'm. Metro	(Specify city or town, county and State
Hattile of milate of milat	M. 100. Man 1 21	
19. UNDERTAKER ————————————————————————————————————		
20. FILED May 6 , 1936 Mrs. John W. Howsen (Signed) All House (Address) Lougan Well		

CERTIFICATE OF REATH

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Locate V.	اللت ا		
Other contributory causes of importance:		Other contributory causes of importance:	OP-SI-
Gallstones	May 1,1923	Gastroenteritis	1 year
3000-000-000-00-00-00-00-00-00-00-00-00-			
		4	

mation should be carefully supplied.

N. B.-WRITE PLA

V. S. No. 1

M	item of infor-	should state	of OCCUPA.	
	ECORD. Every	PHYSICIANS	xact statement	\
MARGIN RESERVED FOR BINDING	TRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	tificate.
ESERVED FO	INK-THIS IS	E should be sta	at it may be pre	s.on back of cer
MARGIN R	TH UNFADING	ly supplied. AG	lain terms, so th	See instruction
1	TE PLAY AY	should be careful	E OF DEATH in p	ON is very important. See instructions on back of certificate.
	'RI	tion	TOS	NO

S	TATE O	F MARYLA	ND-	CERTIFIC	ATE C	F DEA	TH 53	38
1. PLACE OF DEAT		_			(92-00)		0	nd
County Prin	ice Geor	ge's.				Registration D	Dist. No.	D R
Village Dr City	lemple H	illa.		No			St.,	Ward
langth of residence in air		4b		death occurred in a hor			instead of street and	number)
		eth occurredyrs.		as. now for	ng in U.S. it of to	oraign birth?	yrs	mosds:
2. FULL NAME AT		118 JMBII.		lf U. 3	S. Veteran, sp	ecify WAR		
(a) Residence: No	Same.			St., Wa	ard.			-10
PERSONAL AN	DSTATISTI	(Usual place of abode		l MEI	DICAL CER		OF DEATH	d State
	R OR RACE	5. SINGLE, MARRIED, W		21. DATE OF		TIFICATE	OF DEATH	
Female Whi		OR DIVORCED (write		ZI. DATE OF		15th.		1936 .
5a. If marriad, widowed, or divo		WITGOM ?	-		(	Month)	(Day)	(Yeer)
HUSBANO of				22. I H I	EREBY	CERTIFY	het I ettende	d daceased from
Tranc	eis H. S				, P.	34,007	7157	19 3 5
6. DATE OF BIRTH (month, day	, and year) 2-	6-1865.		I last saw h		TIX	,195	; death is said
7. AGE Years	Months		LESS than	to have occurred on				
71	3		,hrs.	The PRINCIPAL CAI	USE OF DEATH	and ralatad causa:	s of Importança	Date of onset
8. Trede, profession, or pa	rticular			acquit		00		Date of onset
SAWYER, BODKKEE	PER, etc.	***************************************		Chin	ا بنب	alve	elae	
9. Industry or business in work was done, as S SAW MILL, BANK, 6	which ILK MILL,	H. W.		deres	a.	of keep	A.	
SAW MILL, BANK, e		11. Total time (yaa	re)		7			
O this occupetion (more year)	nth and	spent in this	5					
	Gaaraa			Dthar Contributory	Cartes of importe	nce:	XX	
12. BIRTHPLACE (city or town) (Stata or country)	seping	ton. D. C.		augu	- was	ag un	201 F	
	Norris.	uuit, Da Ga		cylo	und	4 ···	7	
Ξ		•						**
I4. BIRTHPLACE (city or to	wn)Marv	land.		Name of operation			F.	7.7
				What test confirmed				
7		A		23. If daath was dua to				
16. BIRTHPLACE (city or to (Stete or country)	wn) New Y	ork.		Accidant, suicide, or		D	ate of injury	,19
				Where did Injury occ	,	(Specify city or t	own, county and St	ate)
17. INFORMANT Mrs. (Address) Temp	PIDERT	ryles.		Specify whether inju	rry occurred in II	IDUSTRY, In HON	ME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR R		B. Mu.						
PlacWashingt		Cheta 5-18-	19.36	Manner of injury				
MO	0/20	7	-,	Matura of injury			1.4	
19. UNDERTAKER NOW (Addrass) 2007 -	W V 17 / E	mayso	W)	24. Was disaasa or in	jury in any way	ralated to occupat	tion of decaased?	
(Addiss) 2007-	3 Turing	s Ave. S.	No.	If so, spacify	M	the	*	
20. FILES / 104 / , 1	5 6 KULL	Aft well	M. M.	(Signad).	87	(1 d)	25 0	M. D.
			Registrar.	(Addrass	s) (J. W.	G70		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state D. Every item Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECO-AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING FION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLA

V. S. No. 1

of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5379
1. PLACE OF DEATH	10
g county June Georges	Registration Dist. No.
Yillage or City Masluro (III)	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James C Ste	wart
(a) Residente No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX) 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wring the world)	21. DATE OF DEATH
ia. If married, widowad, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
5. DATE OF BIRTH (month, day, end year)	1936, to May 10, 1936  Llast saw harmalive on Man 16, 1946; deeth is said
6. DATE OF BIRTH (month, day, end year)  7. AGE Yeers Months Deys If LESS than	to heve occurred on the data stated ebove, at 2 naver
22 10 28 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	may 12 12 12 12 12 12 12 12 12 12 12 12 12
9. Industry or business in which	July namona 3,17
work was done, es SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this occupetion (month end yeer) 11. Total time (yeers) spent in this occupetion	
12. BIRTHPLACE (city or town) A Lipher hallow	Other Contributary Causes of Importence:
(State proquity) White Sais	
13. NAME Jornes Of Service	
(State or country)	Neme of operation
15. MAIDEN RAME Talkern Green Graf	23. If daath wes due to externel ceuses (VIOLENCE) fill In elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT JOHN STORES	appears mienter injury occurred in the outsit, in mone, of the outsit is execu-
18. BURIAN CREMATION, OR REMOVAL  Date May 13 19	Manner of Injury
TID Date of The Control of the Contr	Neture of injury
19. UNDERTAKER (Address)	24. Wes disease or injury in any way releted to occupetion of deceesed?
20. FILED Mars 11 1984 A Contract	(Signed) / Weldy Casser M.D.
Registrar.	(Address) When mailhord

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	l	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	11		
Other contributory causes of importance:	\$ 3m	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
110 man			
The state of the s			

	CERTIFICATE OF DEATH
1. PLACE OF DEATH Pr. geo.	
County Colman Manor	Registration Dist. No. 23
Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sarah Jerry	If U.S. Veteran specify WAR
(a) Residence: No. 208 Segary	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Unknown - 1854	I last saw h & elive on 19 %; deeth is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, Setwork BOOKKEPER, etc	Try ocare el chiarefficion y Days
70. Date deceased last worked et this occupation (month and year) this occupation (month and year)	
12. BfRTHPLACE (city or town) - Agreement (State or country)	Other Contributary Causes of Importance:
13. NAME Mordecai Jazick	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME Shith Noyces	23. If deeth was due to external ceuses (VIOLENCE) fill In also the Iollowing:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Outh Novek	Accident, suicide, or homicide?
17. INFORMANT 29 Estler Roppedon (Address) Bladensling Mid	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mash: L. C. Date May 21, 1936	Manner of Injury
19. UNDERTAKER Balanausky (Address) Wash M.C.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED May 21. , 1936 Helen Stack Joeal Registrar.	(Signed) M. (Address) Hyaffird M.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND—CERTIFICATE OF DEATH	538
		1000

1. PLACE OF DEATH		93.50 \ \ 0.5 \ \
County Prince	Jearye	Registration Dist. No. 234
Village or City Friendle	, and.	No. St. Ward
7		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where o	leath occurradyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carnely	us Smith Th	rowl If U. S. Veteran, specify WAR
(a) Residence: No. Quice	notice DC UHG	St. Ward.
(a) Residence: No. Colore	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
24. 2.1	OR DIVORCED (write the word)	May 7, 193 6
m w	Widowed	(May) (Yaar)
ia. If married, widowad, or divorcad HUSBAND of	C. Ba.	22. I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of Sarah	· Vaerreg.	19 to May 7 196
70	2 1851	I last saw h im aliva on May 6 , 1936; death is said
DATE OF BIRTH (month, day, and year)	ay 2 1851.	
. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above at Co LLm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
85 -	ormin.	were as follows:
8. Treda, profession, or particular kind of work done, as SPINNER,		General arleriose lesois julius
SAWYER, BOOKKEEPER, etc.	p	debronic macarditie
9. Industry or business in which work was done, as SILK MILL	BALLIAI.	with progressiste myocardial
SAW MILL, BANK, etc.	acces.	· do la I neusation nukua
10. Data daceased last worked at this occupation (month and	11. Total tima (years) spent in this	Chanieles postratelie Outher tin maker
year)	occupation	Concerns adjusted frame or nearly as
	/	Other Contributory Cause of importance:
2. BIRTHPLACE (city or town) (Stata or country)	d.	
1 11 301 0	- 1. 48	
13. NAME Seo Washe	ugion onorne	
14. BIRTHPLACE (city or town)	- U <sub>A</sub>	Name of operation
(State or country)	nd,	What test confirmed diagnosis? Was there an autopsy? Net
15. MAIDEN NAME	Jaylor.	23. If death was dua to external causes (VIÓL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	1	Accident, suicide, or homicide? Date of injury19
16. BIRTHPLACE (city or town) (Stata or country)	d.	Where did injury occur?
1. no 0	76	(Specify city or town, county and State)
7. INFORMANT Carllon	· gnouse.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) forth	su H.	
8. BURIAL, CREMATION, OR REMOVAL	1 5/9 31	Manner of Injury
Place Frenchy + Mil	A Bate 0 7 , 1906	Natura of injury
There is the	Musicanesan	24. Was disaase or injury in any way related to occupation of deceased?
19. UNDERTAKER		If so, specify
m 10 activity	ou . Jos	(Signed) Saul Clan Walto M. D
20. FILED // My 10., 1936	Mrs. Ulton Day	
4	Registrar.	(Address) Bennings WEM#/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example 1			Example 11		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 5 1936	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory can	ses of importance:	ש	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

D. Every item of infor-Adult of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. R, WITH UNFADING INK-THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING N. B.-WRITE PLAN V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2-0
County Truce Georges	Registration Dist. No. 234
Village or City Ceasefull nd	No. St., Ward
4 M	f deeth occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Eliza Educoria Vol	ster
(a) Residence: No. Carles Cush Mud (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Samuel Webster	1 HEREBY CERTIFY. That I attended deceased from 1936, to May 21, 1936
6. DATE OF BIRTH (month, day, and year) March 10-1861	I last saw, h. A. alive on May 20 , 1936; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date steted above, 200 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Cerebral Hemovskage May 13/3
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
1). Date decessed last worked et this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Louson fly, (State or country)	Other Contributory Causes of importance:  (Ittrio Serosio Indefinite
13. NAME Matthews Mahoney	
13. NAME Mattheway Mahoney  14. BIRTHPLACE (city or town) Lower (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIOEN NAME (Imelia, Slater  16. BIRTHPLACE (city or town) Danielley  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Melliam E. Webster (Address)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place & Amarkey Date May 23, 1936	Manner of Injury
19. UNDERTAKER lange & Cafe of (Address) Masjan Springs	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED May 23, 1936 Mrs alton Fairs Registrar.	(Signed) to transformer M. D.  (Address) Tandynow M. D.
If more blanks are needed, address State Registrar	2471 N. Charles Street Baltimore Barretton G. S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
		3 9	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

r te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould stat	1. PLACE OF DEATH	900 X
MJEES	county Frince Jeonge	Registration Dist. No. 242
	Village or City Fairmann Hats	No. 5902 Olub Rop St. Ward
-=	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS tement	11/4000 8	ds. How long in U.S. if of foreign birth?yrsmosds.
b. Every YSICIANS statement	2. FULL NAME West Charles	manuel
YSI Sta	(a) Residence: No. 5 70 2 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PHYSI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REC. PH Exact	3-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
ZX	hale Negro OR DIVORCED (write the word)	May (Bay) 1936
NG. T. I.	5a. If married, widowed, or divorced	
BINDING PERMANEN EXACT y classified te.	HUSBAND of West Wary	22.   HEREBY CERTIFY, That I attended deceased from
Z Sxs.	B of he was	1936 to May 2 1900
BJ PEI LE LIV ate.	7. AGE Years Months Days If USS than	to have occurred on the date stated ebove, a 11:450 m.
FOR BI IS A PE stated E properly	( ) 9 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	8. Trade, profession, or particular	were as follows:  Date of one of the state o
SITS be be of	kind of work done, as SPINNER, Such Dayer	loosin () march
RVE C_T] ould may back	9. Industry or business in which work was done, as SILK MILLY	1936
	work was done, as SILK MILL SAW MILL, BANK, etc. 11. Total time (years)	
INI INI E sl at it	this occupation (month end 5000) 6 spent in this 40 occupation	
RES NG I AGE that ions o	0 0	Other Contributory Causes of Importance:
IN IDI	(State or country)	
MARGIN RI t UNFADING supplied. AGI n terms, so tha	W 13. NAME Vert Same	
o tad	13. NAME 2 L'aure 2  14. BIRTHPLACE (city or town)	Name of operation. Date of
E . • E 02	(State or country)	What test confirmed diagnosis?
5 = 7	15. MAIDEN NAME ? Ratio	23. If death was due to external causes (VIDLENCE) lill in also the following:
2.0	15. MAIDEN NAME 7. 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
be com	State or country) maryland	Where did injury occur?
Id be cal DEATH y import	17. INFORMANT many Intest	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Should OF D	(Address) 5902 Ohio and	
	18. BURIAL, CREMATION, OR REMOVAL Place Washington Date May 2 1936	Manner of Injury
-WRITE mation s CAUSE TION is	Most and Add	Nature of injury
ma CA TIC	19. UNDERTAKER // CULTURE CALLES	24. Was disease or injury in eny way related to occupation of deceased?
B. B.	(Address) Hall of the many	(Signed) Treader Princheron M. D.
si zi	20. FILED 1996 / John & Weass	(Address 10 - 44 87 N.E. D.
	-	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II		
Date of onset  1 week ago		
1 week ago		
3 days ago		
1 year		

Length of residence in city or town where death occurred. 2 / yrs	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City		207-m
Length of residence in city or town where death occurred. I yrs	County Prince Jeotge	Registration Dist. No.
Length of residence in city or town where death occurred 2 7 yrs		
2. FULL NAME  (a) Residence: No. Buddened abode of Middle S. Veteran appetity WAR  (b) Residence: No. Buddened abode of Middle S. Veteran appetity war.  (c) Close of RACE  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (a) COLOR OR RACE  S. SINCLE MARKELD, WIDOWED  OR DYVORCED (write the world)  S. HUBSAND of Color of divorced (cr) Wife of color of veteral (cr)		
(a) Residence: No.    Classifier abode   St. Ward.   If appreciate give city or town and State	es on No	L. Tollar S. Veteran anecify WAR
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  A. COLOR OR RACE  Cloved  S. SINCIE, MARRIED, WIDOWED OR DAVORCED (write the word)  S. If married, widowed, or divorced HUSSRADO  (Os) WIFE of  C. DATE OF BIRTH (month, dey, and year)  T. ACE  Years  Months  Days  If LESS than 1 day	2 100	<b>→</b>
21. DATE OF DEATH    Colord   S. SINGLE, MARRIED, WIDOWED, OR DATE OF DEATH   Colord   S. SINGLE, MARRIED, WIDOWED, OR DATE OF DEATH   Colord   S. SINGLE, MARRIED, WIDOWED, OR DATE OF DEATH   Colord   S. SINGLE, MARRIED, WIDOWED, OR DATE OF DEATH   Colord   S. SINGLE, MARRIED, WIDOWED, OR DATE OF DEATH   Colord   S. SINGLE, MARRIED, WIDOWED, OR DATE OF DEATH   Colord   S. SINGLE, MARRIED, WIDOWED, OR DATE OF DEATH   Colord   S. SINGLE, MARRIED, WIDOWED, OR DATE OF DEATH   S. SINGLE, WIDOWED, OR DATE OF DEATH of related accuses of importence were as tollows.   S. Piede, profession, or particular   S. SINGLE, Married, SAWYER, BOOKKEPER, etc.   S. SINGLE, MARRIED, WIDOWED, Or min.   S. SINGLE, MARRIED, WIDOWED, Or min.   S. SINGLE, MARRIED, WIDOWED, Or min.   S. SINGLE, MARRIED, WIDOWED, OR   S. SINGLE, MARRIED, WIDOWED, S. SINGLE, MARRIED, WIDOWED, OR   S. SINGLE, MARRIED, WI		
PAREL Colord OR DYVORCED Comits: the world Sp. If married, widewed, or divorced (19) MIFE of 12.  5. LI MARIEN MONTHS Days If LESS than 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J. 20 m. 19 death is sa to have occurred on the date steted above, et. J.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSSAND OF (Or) WIFE of (OR) WI	male Colored OR DIVORCED (write the word)	May (1, 193 6
7. AGE Years Months Days II LESS than 1 day, hts. of min.  2	HUSBAND of	
7. AGE Vears Months Days It LESS than 1 day, 1 day. hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOUKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, AKK, etc.  11. Tobal time (years) spent in this occupation month and year)  12. BIRTHPLACE (city or town). (State or country) front goney to the country	6. DATE OF BIRTH (month, dey, and year) mar 26, 19/2	I last saw h. ham alive on 5 -1 7-1 6, 19; deeth is said
6. Frede, profession, or particular field of work dome, as SPINNER, SOMMERER, BOOKREFER, etc.  9. Industry or business in which work was done, as SILK MILL, Cold Jobs.  10. Date deceased last worked at this occupation (month and years) spent in this occupation (month and years).  11. Distribution of the field occupation occupation.  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place. Distribution  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed).  Manual Analysis of the country of the	7 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
37. Industry or business in which work was done as SILK MILL.  SAW MILL, BANK, etc.  SAW MILL, BANK, etc.  12. BIRTHPLACE (city or town).  (State or country)  BY  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  Manual Country Montgonery to Manual State or Country)  What test confirmed diagnosis?  West there an autopsy?  What test confirmed diagnosis?  West there an autopsy?  What test confirmed diagnosis?  What test confirmed diagnosis?  West there are autopsy?  To Informant  (State or country)  Manual Country Montgonery to Manual Country  What test confirmed diagnosis?  West there are autopsy?  What test confirmed diagnosis?  West there are autopsy?  Where did injury occur?  Where did injury occur?  Where did injury occur?  Where did injury occur?  Specify whether injury occurred in InNUSTRy in Holder, or In Public Place.  Railword Airland  Specify whether injury occurred in InNUSTRy in Holder, or In Public Place.  Railword Airland  Specify whether injury occurred in InNUSTRy in Holder, or In Public Place.  Railword Airland  Neture of injury  Neture of injury  Menner of operation.  Menner of oper	8. Trede, profession, or particular kind of work done, as SPINNER,	Mangling fentire holy Date of onset
work was done, as SILK MILL, MAK, etc.  11. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (Stele or country)  17. INFORMANT.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place.  19. UNDERTAKER  19. UN		constant by statte
11. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stee or country)  (Stee or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. All similar place of this occupation (month and year)  11. Post time (years)  12. BIRTHPLACE (city or town)  (State or country)  Make of operation  Name of operati	work was done, as SILK MILL.	and among alle fores
12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (Stete or country)  17. INFORMANT.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place.  Black of the state of country of the state of the s	Date deceased last worked at 11. Total time (years)	of neck De a to Alle a for the de of 1
(State or country)  13. NAME  14. BIRTHPLACE (city or town). (State or country) montgonery to Mame of operation.  What test confirmed diagnosis?  West here en autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town). (Stete or country) montgonery to Mad.  16. BIRTHPLACE (city or town). (Stete or country) montgonery to Mad.  17. INFDRMANT. (Address)  18. BURIAL, CREMATION, OR REMOVAL Place. Blacesborg. Date. May 19. 3. 8  18. BURIAL, CREMATION, OR REMOVAL Place. Blacesborg. Date. May 19. 3. 8  19. UNDERTAKER Haach's Some (Address)  19. UNDERTAKER Haach's Some (Address)  19. UNDERTAKER	year) occupetion occupetion	Other Kontributers Campa of importance to civil
14. BIRTHPLACE (city or town)  (State or country) montgorvery & My West there en autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country) montgorvery & Mad.  17. INFDRMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Blacesburg Date May 19. 19. 8  19. UNDERTAKER A Jackis Some  (Address)  19. UNDERTAKER A Jackis Some  (Address)  19. UNDERTAKER A Jackis Some  (Address)  (Signed)  Mame of operation  What test confirmed diagnosis?  West there en autopsy?  Where did injury occur?  (Specify city or town/country and Stete)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Railrord Airling Some  Neture of injury Manuelle of		( AA) trontal
What test confirmed diagnosis?  Westhere en autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Place  Place  Place  Date  Manuel  19. UNDERTAKER  Menner of injury  19. What test confirmed diagnosis?  Accident, suicide, or homicide?  (Specify city or town)	I 13. NAME Vernon White	The answer of
What test confirmed diagnosis?  Westhere en autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Place  Place  Place  Date  Manuel  19. UNDERTAKER  Menner of injury  19. What test confirmed diagnosis?  Accident, suicide, or homicide?  (Specify city or town)	14. BIRTHPLACE (city or town)	Name of operation
17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Bladensburg Date May 19, 19.86  19. UNDERTAKER Flacehs Source  (Address)  19. UNDERTAKER Flacehs Source  (Address)  19. UNDERTAKER Flacehs Source  (Address)  (Addre	(State of country) 170 N general Co. 104	What test confirmed diagnosis? Wes there en autopsy?
17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Blackers Source  (Address)  19. UNDERTAKER Heach's Source  (Address)  19. UNDERTAKER Heach's Source  (Address)  19. UNDERTAKER Heach's Source  (Address)  (Specify city or town county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Railword higher from Brook, in Home, or In PUBLIC PLACE.  Railword higher from Brook, in Home, or In Public Place.  Railword higher from Brook, in Home, or In Public Place.  Railword higher from Brook, in Home, or In Public Place.  Railword higher from Brook, in Home, or In Public Place.  Railword higher from Brook, in Home, or In Public Place.  Railword higher from Brook,	15. MAIDEN NAME Fillie Sebly	23. If death wes due to external causes (VIOLENCE) fill In also the following:
17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Bladensburg Date May 19, 19.86  19. UNDERTAKER Flacehs Source  (Address)  19. UNDERTAKER Flacehs Source  (Address)  19. UNDERTAKER Flacehs Source  (Address)  (Addre	O 16. BIRTHPLACE (city or town)	
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Bladers brog Date May 19, 19.8 b  19. UNDERTAKER Flaceh's Source (Address)  20. FILED May 18, 1936 Heller Stack  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Railword higher fiving Brook Ry.  Menner of injury Struck by train. Neture of injury Menner of	E (State or country) montgomery Co. Md.	Where did initially occurr
19. UNDERTAKER # Jach's Sous  (Address)  19. UNDERTAKER # Jach's Sous  (Address)  19. UNDERTAKER # Jach's Sous  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (M. M. M		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19. UNDERTAKER # Laselis Sous  24. Was disease or injury to shy way related to occupation of developed. It so, specify  15. O, Specify  20. FILED May 1. 8, 1936 Heller Stack (Signed)  1. Rall 19 06-16 (The M.	and a may the	
12. FILED 11. 19. 19. 20 11. 11. 11. 11. 11. 11. 11. 11. 11. 11		24. Was disease or injury to say way related to occupation of daycage 2.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		(Address) 1 " Balx. Blog. Collage City may

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 5 1930	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TIDDITION TIL	OF IT OF	1 016	T CICIALIZATE	DITTIME	27 2	I II I DI OIZI

Exact statement of OCCUPA. b. Every item PHYSICIANS Y, WITH UNFADING INK-THIS IS A PERMANENT REC AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITTE PLA

should state

of infor-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 / 0000
County June George	Registration Dist. No. 242
Village or City + aur Suut Kugh	If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Tella G, Willia	ms
(a) Residence: No. 8 2 0 formula (Usual place of abode)	CSt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (curite the word)	21. DATE OF DEATH  (Winth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Walter E. William	22. I HEREBY CERTIFY, That I attended deceased from 25, 19.74, to May 3, 19.74
6. DATE OF BIRTH (month, dey, end yeer) 49 11 135 187	8 I last sew here alive on many 3 , 19.36; death is seid
7. AGE Years Months Days If LESS then	to have occurred on the dete stated above, at 11:15 PM
57 38 22 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	- Pulmonary Hemorloge 5-3-
work wes done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	Resulting the
10. Dete deceased last worked at this occupetion (month and yeer)	Cocks dispetion
y conjunt	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).	
	- Gressing mental 4-20-
13. NAME  14. BIRTHPLACE (city or town)	and physical activity
14. BIRTHPLACE (city or town).	Neme of operation Date of
(State or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to externel causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) & leverele	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Walter & Welliams	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place I ashinglon De Dete May 3, 1936	- Nature of injury
19. UNDERTAKER Malvon & Schey	24. Was disease or injury In any way releted to occupetion of deceased?
(Address) of of of 5 Dean and U.S.	If so, specify
20. FILE May 3, 1936 drace Down Registrar.	(Signed) (Address) (Address)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis JUN 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURPAN V S		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	193-0 30
County Truce Clorges	Registration Dist. No. 245
Village or City Brentwood	No. ledances of Janetariastal Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U. S. If of foreign birth?mosds,
2. FULL NAME Lillar Hilson	If JJ. S. Veteran, specify WAR
(a) Residence: No. 6610 - Western Ger Ci	Lange Of Wards There The
(a) Residence: ND. 6010 - Western Consideration (Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write theyword)	21. DATE OF DEATH
Il White widows	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decessed from
(or) WIFE of George VV. Vilson	ang 18 1933, to 1936
6. DATE OF BIRTH (month, dey, and yeer) Fel. 8, 1856	I last saw h la elive on 2, 1936; deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated ebove, et \$ .054 m.
80 87 2 24 1 dey,hrs	THE RINGIT ALL CAUSE OF DEATH and related ceases of importance
8 Trade profession or particular	were as ronows. Date of onest
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	X hrome My ocadetes ?
Dete deceesed last worked et this occupetion (month end spent in this occupation occupation occupation this occupation this occupation occupation this occupation this occupation this occupation this occupation the third this occupation the third this occupation the third thir	
12. BIRTHPLACE (city or town) Lovettsville	Other Coutributory Causes of Importance:
(State or country)	( literes selection )
13. NAME Samuel C. Washington	Seilike
13. NAME Samuel C. Mashington.  14. BIRTHPLACE (city or town)	Neme of operation
(Stete or country)	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Sarah Jane Everhact  16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Olyselle W. Machengel	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece lettranelle ned Oate 5 - 2 ,1931	
19. UNDERTAKER Warner E. Pringhay	24. Was disease or injury In eny wey releted to occupation of deceased?
(Address) Rockwelle md.	If so, specify Rie Da DB This degree
20. FILED 2, 1936 I. Mo. Jan Deven	(Address) 2012 - P. St. 200 Weak, D
If more blanks are needed, address State Registra	sr, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	11	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAST V. S.			1		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	1				

1 DIA	CE OF DEATH	IE OF	MARYLA	-תאו	CERTIFICA	_	F DEA	1H 53	86
	nty President	8				82-06	Registration	Diet No 2	46
	nge or City	ho de	orges	- A	Notable	1 00-19	I San	VISI. NO.	Ward
					death occurred in a horpi		, give its NAMI		d number)
Leng	th of residence in city or	town where death	occurred yrs	mos	ds. How long	In U.S. il of fo	relgn birth?	yrs	.mosds.
2. FUL	L NAME	grepa	13100	osle	/ If U. S.	. Veteran, spe	ecify WAR	LX	
(a)	Residence: No.	Merkey	(Usual place of abode	ed,	St., War	rd	If nonresident	give city or town a	nd State
PE	RSONAL AND S	STATISTICA			MED	ICAL CER		OF DEATH	
3. SEX	4. COLOR OR		SINGLE, MARRIED, W		21. DATE OF D	EATH			,
Fr	111		Suck	The word)		m	Mog(n)	(Day)	, 193 (Yeer)
HUSB/	ed, widowed, or divorced				22. / IAHE	PERVO	FRTIE	Y. That t ettande	ad deceased from
(or) W	IFE of				april .		36 to 2		19.56
6. DATE OF	BIRTH (month, day, and	year) Och	,26.18	556	Wast saw h	elive on 72	say 1	19.3	6; death is said
7. AGE	Years	Months		LESS than	to heve occurred on th			Gam.	
-40	79			y,hrs. min.	The PRINCIPAL CAUS wera es follows:	SE OF DEATH a	ind related caus	es of Importance	Date ol onset
Jra	da, profession, or particu kind of work dona, es Si	PINNER,	(1)		1	2-1	1-	<i>f</i> )	
3. Ind	SAWYER, BOOKKEEPER, ustry or business in whice	ch	NI.IV.		( lieb	ral	macer	hage	/12-50
	work was done, as SILK SAW MILL, BANK, etc	MILL,	·				,		
Dat Dat	e deceased last worked this occupation (month at		11. Total time (yes	is					
J	year)	7	pecupation		Other Contributory Ca	uses of Importa	nce:		
	LACE (city or town) te or country)	migu	allein	urg,	80.1	9-1			
	D .	7 0	11 mas	tob/	the	JO.	-01 -		7
Ξ	THPLACE (city or own)	3-1-	Jalova.	char	Name of operation	esque	nus	Date of	
4 14. BIN	(State or country)	0	mas		. What tast confirmed d	iegnosis?			
15. MA	IDEN NAME	elia	m. Ba	sseti	23. If death wes due to	external causes	(VIOLENCE) fi	II in also the follow	ing:
15. MA 16. BIR	THPLACE (city or town)	Was	sking	ton	Accident, sulcida, or h	omicide?		Date of injury	, 19
Σ	(State or country)	Co	0	1	Where did injury occu	ır?	(Specify city or	town, county end S	itate)
17. INFORM	ANT WAS BE	Sulve	200	ster	Specify whather Injury	y occurred in IN	IDUSTRY, in HO	ME, or In PUBLIC	PLACE.
18. BURIAL	CREMATION, OF REMO	110	2	2/	Menner of Injury				
Plea	wash n	1	at Wy la	19/10	Nature of Injury				
19. UNDER	1 1 4	awle	home	Show	24. Was diseasa or inju	ury in eny way i	releted to occup	ation of deceased?	reo
(Ad	dress) 756	Pa.d	ver. m	30	If so, specify	· 1 0	A. 71	Leade -	
20. FILED	112 ,13	6 / Ku	7 merely	Registrar.	(Signed) (Address)	20/2	- R. St	, red I	was ST
		If more blank	e en andel aldere		2411 N. Charles Street, B				The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
and the second					
			9		

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940 y 236
county Fine el Levyre	Registration Dist. No.
Village or City / de (	No. St., Ward
Length of residence In city or town where death occurredmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Joshua along du	right +
(a) Residence: No. / Al. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 3 ,193 6
- Williams	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of Corn and Musica Wright	22. HEREBY CERTIFY, Thet I attended deceased from 19.36 to N. A. 3 19.36
6. DATE OF BIRTH (month, day, end yeer) any 5 1864	I lest saw hor elive on Moy 3, 1936; deeth is seld
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated ebove, etm.
8/ 90 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done as SPINNER.	aced pensandery Date of one of
kind of work done, es SPINNER, Harries SAWYER, BOOKKEEPER, etc.	
Ondustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Wigna Felous
SAW MILL, BANK, etc	
this occupation (month end 1924 spent in this 5 V	
Lesson Co	Other Contributory Causes of Importence:
(State or country)	
14. BIRTHPLACE (city or town) Manchester	
14. BIRTHPLACE (city or town) Manghester	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME A with Fulland  16. BIRTHPLACE (city or town) Junying Co	23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:
0 16. BIRTHPLACE (city or town) Junying Co	Accident, suicide, or homicide? Date of Injury, 19
(State or sountry)	Where did Injury occur?
17. INFORMANT the leve of asternages	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL / 1 MAG.	Manner of injury
Riace V Del Maple Date 1946, 1936	Neture of injury
19. UNDERTAKER Clarage Breacies	24. Was disease or injury in eny wey related to occupetion of deceesed?
(Address) Milletiebilem	If so, specify
20. FILED May 5, 13/5 December 18 Registrar.	(Signed) (Signed) M. D. (Address) UNNH Mautonatic
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

5388

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THE PROPERTY OF S.			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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